

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000006424

FILED  
Jul 15, 2009  
Secretary of State

Entity Name: BERNARDI & ASSOCIATES, INC.

## Current Principal Place of Business:

8 MARTAN RD  
NOGALES, AZ 85621

## New Principal Place of Business:

8 MARTEN RD  
NOGALES, AZ 85621

## Current Mailing Address:

PO BOX 1925  
NOGALES, AZ 85628

## New Mailing Address:

FEI Number: 86-0271594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE LA OSSA, JOE  
11491 AXIS DEER LANE  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: BERNARDI, ALBERT A  
Address: 8 MARTAN RD  
City-St-Zip: NOGALES, AZ 85621

Title: PD ( ) Delete  
Name: BERNARDI, JOSEPH F  
Address: 8 MARTAN RD  
City-St-Zip: NOGALES, AZ 85621

Title: TSD ( ) Delete  
Name: BERNARDI, JOAN M  
Address: 8 MARTAN RD  
City-St-Zip: NOGALES, AZ 85621

Title: D ( ) Delete  
Name: BERNARDI, CATHERINE H  
Address: 8 MARTAN RD  
City-St-Zip: NOGALES, AZ 85621

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition  
Name: BERNARDI, ALBERT A  
Address: 8 MARTEN RD  
City-St-Zip: NOGALES, AZ 85621

Title: PD (X) Change ( ) Addition  
Name: BERNARDI, JOSEPH F  
Address: 8 MARTEN RD  
City-St-Zip: NOGALES, AZ 85621

Title: TSD (X) Change ( ) Addition  
Name: BERNARDI, JOAN M  
Address: 8 MARTEN RD  
City-St-Zip: NOGALES, AZ 85621

Title: D (X) Change ( ) Addition  
Name: BERNARDI, CATHERINE H  
Address: 8 MARTEN RD  
City-St-Zip: NOGALES, AZ 85621

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. BERNARDI

PD

07/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date